SECTION 4 MEDICARE CROSSOVER CLAIMS

Medicare/Medicaid (crossover) claims that do not cross automatically from Medicare to Medicaid, must now be filed through the Medicaid billing Web site at www.emomed.com or through the 837 electronic claims transaction. This requirement became effective July 1, 2005. Before filing an electronic crossover claim, please wait sixty (60) days from the date of your Medicare payment to avoid possible duplicate payments from Medicaid.

The major reason that claims do not cross over electronically from Medicare to Medicaid is because Medicaid enrolled providers have not provided Medicaid with their Medicare provider number or have provided an invalid or inactive Medicare provider number. If the provider is enrolled with Medicare as a group/clinic, then the provider must also enroll with Medicaid as a clinic. Both the group/clinic Medicare number and each individual practioner's Medicare number must be on file with Medicaid. If the provider has more than one number with Medicare and Medicaid, be sure to provide the proper Medicare number for each specific Medicaid provider number or the claims may not cross to Medicaid electronically.

If the provider has any doubt as to what Medicare number(s) is (are) on file for the provider, contact the Provider Enrollment Unit by e-mail at providerenrollment@dss.mo.gov. If you have not submitted your provider number to Medicaid, you can fax a copy of the Medicare letter showing the Medicare provider name and Medicare number assigned along with a cover letter explaining why the information is being submitted to the enrollment unit. The unit's fax number is 573/526-2054.

Following are tips to assist you in successfully filing a claim at the Medicaid billing Web site:

- At the Medicaid billing Web site at www.emomed.com, choose the same crossover claim form that you completed to bill Medicare. For professional crossover claims, select "Medicare CMS 1500 Part B Crossover." For FQHC claims, select either "Medicare CMS 1500 Part B Crossover" or "Medicare UB-92 Part B of A Crossover" whichever is appropriate. For dialysis center claims, select "Medicare UB-92 Part B of A Crossover." Be sure you select the correct provider number from the drop down box in the upper right hand corner of the first claims screen. If you filed to Medicare under a clinic number, then you should file to Medicaid under a clinic number. If you filed to Medicare under an individual provider number, you should file to Medicaid under an individual provider number.
- There are HELP screens at the bottom of each screen page to provide instructions for completing the crossover claim screens, the "Other Payer" header

and the "Other Payer" detail screens. Print each HELP screen in its entirety for reference when completing claims on the Internet.

- Enter the information in the fields on the screen exactly as you did on your
 Medicare billing except that you should enter the patient's name as it appears on
 the Medicaid card and not the name that is shown on the Medicare remittance
 advice.
- There must be an "Other Payer" header screen completed for every crossover claim type. This provides information that pertains to the whole claim.
- Part B and Part B of A claims need the "Other Payer" header form completed without group code, reason code and adjustment amount information.
 Completion of an "Other Payer" detail screen form is required for each claim detail line.
- The five (5) codes that can be entered in the "Group Code" field on the "Other Payer" Header and Detail screen forms are in a drop down box and you should choose the appropriate code. For example, the "PR" code (patient responsibility) is understood to be the code assigned for deductible and/or coinsurance amounts shown on your Medicare EOMB.
- The codes to enter in the "Reason Code" field on the "Other Payer" Header and Detail screen forms are found on your Medicare EOMB. If not listed there, you must choose the most appropriate code from the list of "Claim Adjustment Reason Codes" which can be found in the HIPAA Related Code List under the Quick Links at http://www.dss.mo.gov/dms/providers.htm. For example, the code shown on the "Claim Adjustment Reason Codes" list for "deductible amount" is 1 and for "coinsurance amount" is 2. Therefore, you would enter a "Reason Code" of "001" for deductible amounts due and a "Reason Code" of "002" for coinsurance amounts due.
- The "Adjust Amount" should reflect any amount not paid by Medicare including deductible, coinsurance, and any non-allowed amounts.
- If there is a commercial insurance payment or denial to report on the crossover claim, you must complete an additional "Other Payer" Header form. You must also complete an additional "Other Payer" Detail form(s) if the commercial carrier provided detail line information for line payments and denials.

Samples of Part B (professional) (including one with commercial insurance in addition to Medicare and Medicaid), Part B of A (FQHC) and Part B of A (dialysis) claims are displayed on the following pages.

SAMPLE MEDICARE REMITTANCE PART B - CMS - 1500 (NO TPL)

CENTRAL CLINIC P.O. BOX 25X JEFFERSON, MO 65107

MEDICARE REMITTANCE NOTICE

PROVIDER: F00000XA

PAGE #: 1 OF 1

DATE: 02/01/2006

CHECK/EFT #: 000257X

STATEMENT #: 09050007XY

PERF PROV.	SERV DATE	POS NOS PROC MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AM	<u>Γ PROV PD</u>
NAME: SHRIEK, W	'ILL	HIC: 490000000A	ACNT: 100	ows	ICN 0602	7000000000		
F000000A	0105 010506	21 1 99231	51.00	32.35	0.00	6.47 CO-42	18.65	25.88
PT RESP	6.47	CLAIM TOTALS	S 51.00	32.35	0.00	6.47	18.65	25.88
ADJ TO TOTALS: F	PREV PD 0.00	INTEREST:	0.00		LATE FIL	ING CHARGE	0.00	NET 25.88

Using this example of a Medicare EOMB, the following pages will guide you step-by-step through the process to file your Crossover Claim through the Medicaid billing web site at www.emomed.com to collect the co-insurance amount.





lser:		Provide	er 🗀		
	quency Type Code*		500000000 SA	AMPLE NUMBEI	₹
1-Origina	The state of the s		0000XA	80750 A. I	
Patient Na	ame (Last Name, First Name)*	Pat	ient Medicaid ID*		
Shriek	Will	999	199999		
	edicare ID (HIC)*		ent Account No.		
49000000	10A	100	lws	4	
Hospitaliz From Date Thru Date	01 / 05 / 100	0.00	gnosis Codes* (D 6619 2.	o not include the	decimal) 5.
Resubmis	sion Ref. No.				
	From Date of Service (mm/dd/yy)*		Diagnosis Code*	Paid Amount \$*	
Line	Thru Date of Service (mm/dd/yy)*		Days/Units Billed*	Amount \$	Detail Line
No.	Place of Service*		Billed Charges \$*	Medicaid Performing	Attachments
1	Procedure Code* and Modifiers			Provider ID*	
				0.00	Other Payers
1			10		
1.			0.00		
1.				A	DD DETAIL LINES
1.	Claim Atta		0.00 t Actions:	-	DD DETAIL LINES

- > At the Medicaid billing Web site, click on "Medicare CMS 1500 Part B Crossover". That will bring you to the screen above.
- ➤ Enter all the Medicaid header information. Refer to the Medicare EOMB on the previous page as well as the patient's medical record. Complete the fields as shown above. Then click on "Add Header Other Payers" link at the bottom of the page to enter the header other payer information.
- Note-if the service was not provided in the hospital, enter all zeros in the "Hospitalization Dates" fields.





Other Payer Header Information

Enter Other Payer(s) Header Information for Medicare CMS 1500 Part B Crossover claim.

		Other	Payer#1			
Filing Indicator* MB-Medicare		•	Other Payer	Name*	Medicare Part B	
Paid Amount \$ 25.88			id Date (mm/dd/yy)* / 01 / 06		are Claim No. 7000000000	
Header Allowed Amount \$ *	32.35		Total Denied	l Amount \$	0.00	
G	roup Codes	, Reason Co	des & Adjustr	ment Amount	ts	
Group Code	Reason Code	Adjust Amount \$	Group Code		Reason Adjust Code Amount \$	
					<u> </u>	
-					Add Reason Code	
Remark Codes						
					Remove Payer:	
		Add	Payer			
		Done	Cancel			
		Dolle	Cancer			

[Help]

- > Now you are on the "Other Payer Header" screen.
- Enter the information as shown. For Part B and Part B of A crossover claims, do not complete the Group Codes, Reason Codes and Adjustment Amounts information. You will be entering this information elsewhere.
- > Click on "Done".





f you a	Medicare CMS 1 are not , please logout	1500 P	art B Crossover		Logou
Jser:	F	Provide	500000000 S	SAMPLE NUMBE	ER
Claim 1-Orig	Frequency Type Code* ginal	2000	vider Medicare Nu 1000XA	mber*	
Patien Shriel	it Name (Last Name, First Name)* k Will	100,000	ent Medicaid ID* 99999		
_	nt Medicare ID (HIC)* 00000A	Pati 100	ent Account No. ws		
Hospit From (Thru D	01 / 00 / 100	1000000	gnosis Codes* (D 6619 2.	o not include the	decimal) 5.
Resub	omission Ref. No.				
Line	From Date of Service (mm/dd/yy)* Thru Date of Service (mm/dd/yy)*		Diagnosis Code* Days/Units Billed*	Paid Amount \$*	Detail Line
No.	Place of Service* Procedure Code* and Modifiers		Billed Charges \$*	Medicaid Performing Provider ID*	Attachments
1.	01 / 05 / 06 01 / 05 / 06 21-Inpatient		1 51.00	25.88 200000000	Other Payers
	Claim Atta	chmen	t Actions:	AC	DD DETAIL LINES
	[Add Header Other Pay	/ers] [\		ayers]	

- > Now you are back on the original screen ready to add your detail information to the claim.
- > Again, using the Medicare EOMB example from the previous page, enter the detail information as shown above.
- > When done entering the information, click on "Other Payers" to add the Medicare detail information.





Other Payer Detail Information

Enter Other Payer(s) Detail Information for Medicare CMS 1500 Part B Crossover claim.

ielos markeo - most de illieo in.		Claim De	tail Line #1	
		Other I	Payer#1	
Paid Date (mm/dd/yy)* 02	/ 01	/ 06		
1	Group Code	es, Reason Co	des & Adjustment Amounts	
Group Code	Reasor Code	n Adjust Amount \$	Group Code	Reason Adjust Code Amount \$
CO-Contractual Obligation	▼ 042	18.65	PR-Patient Responsibility	002 6.47
	<u> </u>		\ ₅	
				Add Reason Codes
				Remove Payer#1
		Add	Payer	1275
		Dana	Cancel	
		Done	Cancer	
		[H	lelp]	

- Now you are on the "Other Payer Detail" screen.
- Enter the Medicare paid date information as well as the Group and Reason Codes and Adjustment Amounts. See the above sample. If the reason codes are not listed on your Medicare EOMB, choose the most appropriate code from the list of "Claim Adjustment Reason Codes" from the HIPAA Related Code List. For example, the code on the "Claim Adjustment Reason Code" list for deductible amount is 1 and for coinsurance amount is 2. Therefore, you would enter a Reason Code of 001 for deductible amounts and 002 for coinsurance amounts due.
- > The "Adjust Amount" should reflect any amount not paid by Medicare including deductible, coinsurance and any non-allowed amounts.
- > Click on "Done".





				- Toppy and the second	
you are n		1500 Part B Crossover		Logou	
Jser:		Provider: 500000000	SAMPLE NUM	1BER	
Claim Fre	quency Type Code*	Provider Medicare Nu	ımber*		
Patient Na Shriek	ame (Last Name, First Name)*	Patient Medicaid ID*			
Patient M 49000000	ledicare ID (HIC)* 00A	Patient Account No.			
Hospitaliz From Date Thru Date	- 101 / 103 / 100	Diagnosis Codes* (E 1. 46619 2.	o not include the	decimal) 5.	
Resubmis	ssion Ref. No.				
Line	From Date of Service (mm/dd/yy)* Thru Date of Service (mm/dd/yy)*	Diagnosis Code* Days/Units Billed*	Paid Amount \$*	Detail Line	
No.	Place of Service* Procedure Code* and Modifiers	Billed Charges \$*	Medicaid Performing Provider ID*	Attachments	
-		1 51.00	25.88 200000000	Other Payers	
			AE	DD DETAIL LINES	
	Claim Atta [Add Header Other Pay Continue		ayers]		

- [Home] [Help]
- > This brings you back to the original screen. At this point, you are done entering the information. Click on "Continue".
- > This brings you to a screen asking you to verify the information entered. You can either edit the information or submit the claim.
- ➤ Click on "Submit". After submitting your claim, you will be brought to a screen which states, "Thank you. Your claim has been received". Click on the "Print" button at the bottom of the screen to print off and save for your records.
- > To enter another claim, click on "Next".

The end.

SAMPLE MEDICARE REMITTANCE

PART B - CMS - 1500 (With Commercial Insurance)

CENTRAL CLINIC P.O. BOX 25X JEFFERSON, MO 65107

MEDICARE REMITTANCE NOTICE

PROVIDER: F00000XA
PAGE #: 1 OF 1
DATE: 02/01/06
CHECK/EFT #: 000257X
STATEMENT #: 09050007XY

PERF PROV.	SERV DATE	POS NOS	PROC MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC- AMT	PROV PD
NAME: SHRIEK, W	ILL	HIC: 4900	A00000	ACNT: 10	00WS	ICN 06027	00000000 6.47 CO-		
F000000A	0106 010506	1	99231	51.00	32.35	0.00	42	18.65	25.88
PT RESP	6.47 PREV PD		CLAIM TOTALS	51.00	32.35	0.00 LATE FILII	6.47 NG	18.65	25.88 NET
ADJ TO TOTALS:	0.00		INTEREST:	0.00		CHARGE		0.00	25.88

Using this example of a Medicare EOMB and the one on the next page for commercial insurance, the following pages will guide you step-by-step through the process to file a Medicare crossover with additional commercial insurance through the Medicaid billing Web site at www.emomed.com to collect the co-insurance amount

Please turn the page for the sample commercial EOMB.

MEDICARE PART B WITH TPL SAMPLE TPL EOB

ABC INS.

ABC SERVICE CENTER P.O. BOX 1111 ANYWHERE, MO 64109

DATE: 02/16/06
GROUP #: 002
GROUP NAME: CPI
CHECK NUMBER: X27445
CHECK AMOUNT: \$5.18

CENTRAL CLINIC P.O. BOX 25X

JEFFERSON CITY, MO 65107

PRODUCT	MEM ID A X9974	PATIENT NAME SHRIEK, WILL	PATIENT ACCOUNT 5205X	MEMBER NAME SHRIEK, WILL	CONTROL NUMBER 61725	DATE RECEIVED 02/13/2006	DATE RECEIVED 02/13/2006	PROVIDER OF SERVICE CENTRAL C	E	
PATIENT	DATES OF	DESCRIPTION	AMOUNT	NOT	PROV ADJ	AMOUNT	CO-INS PLAN	PAID TO	RMK	PATIENT
NAME	SERVICE	OF SERVICE	CHARGED	COVERED	DISCOUNT	ALLOWED	COV	PROVIDER	CD	RESP.
SHRIEK,WILL	01/05/06	99231	51.00			32.35	6.47 80%	5.18	PR2	1.29
		SUBTOTAL	51.00			32.35	6.47	5.18		1.29
						TOTAL PAID PROVIDER:	ТО	5.18		

This is a sample EOB for a commercial insurance that pays 80% of the patient's Medicare co-insurance.

Please turn the page to start the process for filing.





lf you a		500 Part B Crossover		Logout
User:	F	500000000 S	AMPLE NUMBEI	R
Claim 1-Orio	Frequency Type Code*	Provider Medicare Nu	ımber*	
	t Name (Last Name, First Name)*	Patient Medicaid ID*		
Patien	t Medicare ID (HIC)* 00000A	Patient Account No.		
From I	late 01 / 05 / 06	Diagnosis Codes* (I 1. 46619 2.	Do not include the	decimal) 5.
Resub	mission Ref. No.			
Line	From Date of Service (mm/dd/yy)* Thru Date of Service (mm/dd/yy)*	Diagnosis Code* Days/Units Billed*	Paid Amount \$*	Detail Line
No.	Place of Service* Procedure Code* and Modifiers	Billed Charges \$*	Medicaid Performing Provider ID*	Attachments
1.		0 0.00	0.00	[Other Payers]
	Claim Attar	chment Actions:	AE	DD DETAIL LINES
	[Add Header Other Pay Continue.	ers] [View All Other F	^p ayers]	

- At the Medicaid billing Web site, click on "Medicare CMS 1500 Part B Crossover". That will bring you to the screen above.
- Complete all the Medicaid header information. Refer to the Medicare EOMB on the previous page as well as the patient's medical record. Complete the fields as shown above then click on the "Add Header Other Payers" link at the bottom of the page to add the header other payer information.





Other Payer Header Information

Enter Other Payer(s) Header Information for Medicare CMS 1500 Part B Crossover claim. Fields marked * must be filled in Other Payer #1 Filing Indicator* MB-Medicare Other Payer Name* Medicare Part B Paid Amount \$ Paid Date (mm/dd/yy)* Medicare Claim No. 25.88 02 / 01 / 06 0602700000000 Header Allowed Amount \$ * 32.35 Total Denied Amount \$ Group Codes, Reason Codes & Adjustment Amounts Reason Adjust Adjust Reason Group Code Group Code Code Amount \$ Code Amount \$ --• -Add Reason Codes Remark Codes Remove Payer #1 Other Payer #2 Filing Indicator* CI-Commercial Insurance Co Other Payer Name* ABC Insurance Paid Date (mm/dd/yy)* Paid Amount \$ Medicare Claim No. 5.18 02 / 16 / 06 61725 0.00 Header Allowed Amount \$ * 51.00 Total Denied Amount \$ Group Codes, Reason Codes & Adjustment Amounts Reason Reason Adjust Adjust Group Code Group Code Code Amount \$ Code Amount \$ * -• • Add Reason Codes Remark Codes Remove Payer #2 Add Payer Cancel

- Now you are on the "Other Payer Header" screen. Enter the information at the top as shown. For Part B and Part B of A crossover claims, do not complete the Group Codes, Reason Codes and Adjustment Amounts information. You will be entering this information elsewhere.
- ➤ Using the commercial insurance EOB, enter the appropriate information. The header allowed amount for this section is the amount you billed to Medicare, not the amount allowed by the commercial plan. If the commercial plan did not assign the claim a number, enter six (6) nines in the Medicare claim number field for payer #2.
- Click on "Done".





f you are not , please log	Medicare CMS 1500 Pa	art B Crossover		Logou
Jser:	Provide	500000000 S	AMPLE NUMBEI	ξ
Claim Frequency Type Code*	Prov	vider Medicare Nu	ımber*	
1-Original	F00	1000XA		
Patient Name (Last Name, First Nam	e)* Pati	ent Medicaid ID*		
Shriek Will	999	99999		
Patient Medicare ID (HIC)*	Pati	ent Account No.		
49000000A	100	ws		
Hospitalization Dates (mm/dd/yy)* From Date 01 / 05 / 06			o not include the	
From Date 01 / 05 / 06 Thru Date 01 / 05 / 06	1.[46	6619 2.	3. 4.	5.
Resubmission Ref. No.				
From Date of Servic	e (mm/dd/yy)*	Diagnosis Code*	Paid	Detail Line Attachments
Thru Date of Service	The state of the s	Days/Units Billed*	Amount \$*	
No. Place of Se	rvice*	Billed	Medicaid	
Procedure Code* a	nd Modifiers	Charges \$*	Performing Provider ID*	
01 / 05 / 06				
01 / 05 / 06		1 💌	25.88	
1. 21-Inpatient	-	11	200000000	Other Payers
99231		51.00		
			AE	D DETAIL LINES
20.00	Claim Attachmen		W = 200	
Add	Header Other Payers] [V	iew All Other P	ayers]	
	Continue	Reset		
	[Home] [H	elp]		

- Now you are back on the original screen ready to add your detail information to the claim.
- > Again, using the Medicare EOMB example from the previous page, enter the detail information as shown above.
- > When done entering the information, click on "Other Payers" to add the Medicare and commercial insurance detail information.





Other Payer Detail Information

Enter Other Payer(s) Detail Information for Medicare CMS 1500 Part B Crossover claim. Fields marked * must be filled in.

		0.0000000000000000000000000000000000000	tail Line #1		
			Payer #1		
Paid Date (mm/dd/yy)* 02	/ 01	/ 06			
j.	Group Cod	les, Reason Co	des & Adjustment Amounts		
Group Code	Reaso Code		Group Code	Reason Code	Adjust Amount \$
CO-Contractual Obligation	042	18.65	PR-Patient Responsibility	002	6.47
				Add Re	ason Codes
				Remo	ve Payer#1
		Other	Payer#2		
Paid Date (mm/dd/yy)* 02	/ 16	/ 06			
	Group Cod	les, Reason Co	des & Adjustment Amounts		
Group Code	Reaso Code		Group Code	Reason Code	Adjust Amount \$
OA-Other Adjustments	023	25.88	CO-Contractual Obligation	042	18.65
PR-Patient Responsibility	002	1.29		•	
				Add Re	ason Codes
				Remo	ve Payer#2
		Add	Payer		

[Help]

Done

Cancel

- Now you are on the "Other Payer Detail" screen. Complete the Medicare paid date information as well as the Group and Reason Codes and Adjustment Amounts. See above sample. If the reason codes are not listed on your Medicare EOMB, choose the most appropriate code from the list of "Claim Adjustment Reason Codes" from the HIPAA Related Code List. For example, the code on the "Claim Adjustment Reason Code" list for deductible amount is 1 and for coinsurance amount is 2. Therefore, you would enter a Reason Code of 001 for deductible amounts and 002 for coinsurance amounts due.
- ➤ The "Adjust Amount" should reflect any amount not paid by Medicare including deductible, coinsurance and any non-allowed amounts.
- ➤ Enter the same information for the commercial carrier. Your first entry should be "OA-Other Adjustment" 023. This is the amount Medicare has already reimbursed. If any adjustment codes are not listed on the commercial insurance EOB, choose the most appropriate code from the HIPAA related code list.
- Click on "Done".





f you a	Medicare CMS are not , please logout	1500 Par	t B Crossover		Logou	
Jser:		Provider:	500000000 S	AMPLE NUMBE	ER	
Claim 1-Orig	Frequency Type Code* ginal	Provid	er Medicare Nu 00XA	mber*		
Patien Shriek	t Name (Last Name, First Name)* k Will	100,000,000	Patient Medicaid ID*			
-	t Medicare ID (HIC)* 00000A	-	Patient Account No.			
Hospit From (Thru D	101 / 103 / 100	Diagn 1. 466		o not include the	decimal) 5.	
Resub	mission Ref. No.					
Line	From Date of Service (mm/dd/yy)* Thru Date of Service (mm/dd/yy)*	D	iagnosis Code* Days/Units Billed*	Paid Amount \$*	Detail Line	
No.	Place of Service* Procedure Code* and Modifiers		Billed Charges \$*	Medicaid Performing Provider ID*	Attachments	
1.	01 / 05 / 06 01 / 05 / 06 21-Inpatient	Ė	1.00	25.88 200000000	Other Payers	
	-			AE	D DETAIL LINES	
	Claim Att [Add Header Other Pa	achment / ayers] [Vie		ayers]		

[Home] [Help]

Reset

> This brings you back to the original screen. At this point, you are done entering the information. Click on "Continue".

Continue...

- > This brings you to a screen asking you to verify the information entered.
- > You can either edit the information or submit.
- Click on "Submit". After submitting your claim, you will be brought to a screen which states, "Thank you. Your claim has been received". Click on the "Print" button at the bottom of the screen to print off and save for your records.
- > To enter another claim, click on "Next".

The end.

FQHC - PART B OF A (NO TPL)

UNITED GOVERNMENT SERVICES, LLC.	SERVICES, LLC.		401	401 W. MICHIGAN ST. MILWAUKEE, WI 53203-2804	MILWAUKEE, WI	53203-2804			VER# 4010A1
260000	MID-MO HEALTH SERVICES	CES		PART B	PAID DATE: 03/01/2006	1/2006	REMIT #: 95000		PAGE: 1
PATIENT NAME	PATIENT CNTRL NUMBER RC REM DRG #	ER RC	S REA	A DRG#	DRG OUT AMT	COINSURANCE	PAT REFUND	DRG OUT AMT COINSURANCE PAT REFUND CONTRACT ADJ	
HIC NUMBER	ICN NUMBER	K	REN	RC REM OUTCD CAPCD NEW TECH/ECT COVD CHGS	NEW TECH/ECT		ESRD NET ADJ PER DIEM RTE	PER DIEM RTE	
FROM DT THRU DT	NACHG HICHG TOB	R	REN	RC REM PROF COMP	MSP PAYMT	NCOVD CHGS	INTEREST	PROC CD AMT	
CLM STATUS	COST COVDY NCOVDY RC REM DRG AMT	ĭY R(S REA	M DRG AMT	DEDUCTIBLES DENIED CHGS PRE PAY ADJ NET REIMB	DENIED CHGS	PRE PAY ADJ	NET REIMB	
SHRIECK, W W 10000B	10000B	94	MA01	71	00.	10.20	00.	31.28-	
400000000A	20603500000000	2			00.	51.00	00.	90.10	0
02/01/2006 02/01/2006		731		00°	00.	00.	00.	00.	
19				00	00.	00.	00	72.08	

► Using this example of a Medicare EOMB, the following pages will guide you step-bystep through the process to file your Crossover Claim through the Medicaid billing web site at www.emomed.com to collect the co-insurance/deductible amount.

Please turn the page.





f you ar	re not	Medicare (, please logout	UB92 Part B	Crossover	Logout
Jser:			Provider:	500000000 SAMPLE NU	JMBER
Claim F	Frequency Type	Code*	Provide 2600	der Medicare Number*	
	: Name (Last Na	me, First Name)*		nt Medicaid ID*	
Montescontract	: Medicare ID (H	IC)*	Patie	nt Account No.	
Resubr	mission Ref. No.			of Bill* Ninic, Free Standing Healt	h Center 🔻
Diagno:		not include the decimal) 3. 4. 5.		ding Physician ID* 00000	
Sur	gery Procedure	Code Date (mm/dd/y	y) Sı	urgery Procedure Code	Date (mm/dd/yy) / / / / / /
Line No.	Revenue Code Days/Units Billed*	From Date (mm/dd/yy)* Thru Date (mm/dd/yy)*	Billed Charges Paid Amount 9	Modifiers	e* Detail Line Attachments
1.	0		0.00		[Other Payers]
					ADD DETAIL LINES
		Claim A [Add Header Other Conti			
			Home] [Help	1	

- > At the Medicaid billing Web site, click on "Medicare UB92 Part B of A Crossover". This will bring you to the screen above.
- ➤ Enter all the Medicaid header information. Refer to the Medicare EOMB on the previous page as well as the patient's medical record. Complete the fields as shown above then click on the "Add Header Other Payers" link at the bottom of the page to enter the header other payer information.





Other Payer Header Information

Enter Other Payer(s) Header Information for Medicare UB92 Part B Crossover claim.

		Other P	ayer#1			
Filing Indicator* MB-Medicare		•	Other Payer N	lame*	United Go	vt. Services
Paid Amount \$ 72.08	-	ate (mm/dd/ / 01 / 06			are Claim No. 85000000000	
Header Allowed Amount \$ *	51.00		Total Denied A	Amount \$	0.00	
Gr	oup Codes,	Reason Cod	les & Adjustmo	ent Amount:	s	
Group Code	Reason Code	Adjust Amount \$	Gr	oup Code	Rea Co	
					<u>-</u>	
					Add	Reason Codes
Remark Codes						
					Re	move Payer#
		Addi	Payer			
		Done	Cancel			

[Help]

- > Now you are on the "Other Payer Header" screen.
- ➤ Enter the information as shown. For Part B and Part B of A crossover claims, you do not enter the Group Codes, Reason Codes and Adjustment Amounts information. You will be entering this information elsewhere.
- > Click on "Done".





Shrieck Will 99999999 99999999 99999999 999999	.ogout	Lo	/er	Crossove	JB92 Part B	Medicare (ase logout	not , plea	ire not	f you a
Patient Name (Last Name, First Name)*		₹	0000 SAMPLE NUMBER	500000	Provider:				Jser:
Patient Name (Last Name, First Name)* Patient Medicaid ID* 99999999	- //-		icare Number*		1000000				_
Shrieck Will 99999999				000	2600		al 🗾	ginal	1-Ori
Patient Medicare ID (HIC)* [400000000A] Resubmission Ref. No. Type of Bill* [73-Clinic, Free Standing Health Center] Diagnosis Codes* (Do not include the decimal) 1,5591 2,7580 3. 4. 5. 200000000 Surgery Procedure Code Date (mm/dd/yy) Surgery Procedure Code Date (mm/dd/yy) Surgery Procedure Code Date (mm/dd/yy) Revenue Code Charges \$* Detail No. Days/Units Thru Date (mm/dd/yy)* Billed Procedure Code* Charges \$* Detail Amount \$* Amount \$* Line Dosco Dos			caid ID*		100000	st Name)*			4
A00000000A					Marrie Ma		- Indiana	i-02-00.	
Type of Bill* Type of Bill			unt No.		25000				_
T3-Clinic, Free Standing Health Center T3-Clinic, Free Standing Health Health Health Health Health Health Health He)0B	11000		00A	00000A	40000
Diagnosis Codes* (Do not include the decimal) 1.	_			of Bill*	Туре		sion Ref. No.	mission F	Resub
1,5591 2.7580 3. 4. 5. 200000000 Surgery Procedure Code Date (mm/dd/yy) Surgery Procedure Code Date (mm/dd/y) Line Code Code Charges \$* Procedure Code* Detail No. Days/Units Billed* Charges \$* Attachr Billed* Amount \$* Actions: Claim Attachment Actions:		ter 🔽	ee Standing Health Cente	Olinic, Fre	73-0				
Surgery Procedure Code			ysician ID*	ding Phy	Atter	lude the decimal)	Codes* (Do not inclu	osis Code	Diagno
Surgery Procedure Code				000000	2000	4. 5.	2.7580 3.	1 2.7	1. 559
Line No. Code Days/Units Billed* Thru Date (mm/dd/yy)* Paid Amount \$* Modifiers Modifiers Attachr 1. 0520 02 / 01 / 06 51.00 00000 Other F 1. 0520 02 / 01 / 06 72.08 Other F									
Billed*	Line	Detail Lir	Procedure Code*	\$*	1001001	n Date (mm/dd/yy)*			Line
1. 1 02 / 01 / 06 72.08 Other F ADD DETAIL L Claim Attachment Actions:	nents	Attachme	Modifiers	\$*	1000000000	ı Date (mm/dd/yy)*			No.
Claim Attachment Actions:	ayers	Other Pay	00000					1	1.
CONTRACTOR OF THE CONTRACTOR O	INES	D DETAIL LIN	ADE						
[Add Header Other Payers] [View All Other Payers]						CONTRACTOR OF THE CONTRACTOR O			
			her Payers]	w All Oth	Paγers] [Viev	[Add Header Other I	1		
Continue Reset				Reset	nue F	Conti			

> Now you are back on the original screen ready to add your detail information to the claim.

[Home] [Help]

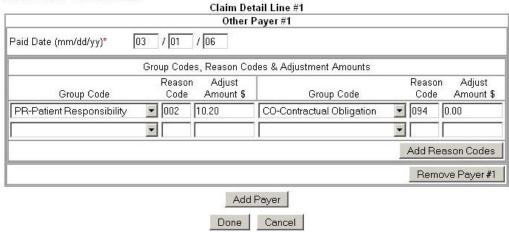
- Again, using the Medicare EOMB example from the first page, enter the detail information as shown above. If you did not report a procedure code to Medicare, enter "00000" in the Procedure Code Field.
- When done entering the information, click on "Other Payers" to add the Medicare detail information.





Other Payer Detail Information

Enter Other Payer(s) Detail Information for Medicare UB92 Part B Crossover claim. Fields marked * must be filled in.



[Help]

- Now you are on the "Other Payer Detail" screen.
- ➤ Enter the Medicare paid date information as well as the Group and Reason Codes and Adjustment Amounts. See the above sample. If the reason codes are not listed on your Medicare EOMB, choose the most appropriate code from the list of "Claim Adjustment Reason Codes" from the HIPAA Related Code List. For example, the code on the Claim Adjustment Reason Code list for deductible amount is 1 and for coinsurance amount is 2. Therefore, you would enter a Reason Code of 001 for deductible amounts and 002 for coinsurance amounts due.
- > The "Adjust Amount" should reflect any amount not paid by Medicare including deductible, coinsurance and any non-allowed amounts.
- Medicare may report a negative "Contractual Adjustment" amount on the Medicare EOMB. When this occurs, enter the appropriate group and reason codes with a "zero" adjustment amount.
- Click on "Done".





f you a	re not	Medicare U , please logout	JB92 Part B Cross	over	Logout
Jser:			Provider: 50	0000000 SAMPLE NUMI	BR
Claim 1-Orig	Frequency Type ginal	Code*	Provider Mo 260000	edicare Number*	
Patient Shried		me, First Name)*	Patient Me 99999999	dicaid ID*	
_	t Medicare ID (H 0000A	IC)*	Patient Acc	count No.	
Resub	mission Ref. No.		Type of Bill 73-Clinic,	* Free Standing Health Ce	nter 🔽
Diagno 1. 5591		not include the decimal) 3. 4. 5.	Attending F 200000000	Physician ID*	
Su	rgery Procedure	Code Date (mm/dd/y	y) Surgery	Procedure Code [Date (mm/dd/yy) / / / / / / / / / / / / /
Line	Revenue Code	From Date (mm/dd/yy)*	Billed Charges \$*	Procedure Code*	Detail Line
No.	Days/Units Billed*	Thru Date (mm/dd/yy)*	Paid Amount \$*	Modifiers	Attachments
1.	0520	02 / 01 / 06 02 / 01 / 06	51.00 72.08	00000	[Other Payers]
				A	DD DETAIL LINES
		Claim A [Add Header Other I		Particular III AV	

[Home] [Help]

- > This brings you back to the original screen. At this point, you are done entering the information. Click on "Continue".
- > This brings you to a screen asking you to verify the information entered. You can either edit the information or submit.
- > Click on "Submit".
- ➤ After submitting your claim, you will be brought to a screen which states, "Thank you. Your claim has been received". Click on the "Print" button at the bottom of the screen to print off and save for your records.
- > To enter another claim, click on "Next".

THE END

SAMPLE - MEDICARE REMITTANCE PART B OF A - DIALYSIS CLINIC

Medicare National Standard Intermediary Remittance Advice

FPE: 12/31/2005 PAID: 03/01/2006 CLM#: 263

26XXXX TOB: 721

TRANSFER TO (COB): MISSOURI MEDICAID ID CODE: T468XXXXX

PATIENT: SHRIEK WILL PCN: 13800000

HIC: 40000000T SVC FROM: 01/02/2006 MRN:

PAT STAT: CLAIM STAT: 19 THRU: 01/29/2006 ICN: 20603800000000

CHARGES: PAYMENT DATA: =DRG 1.000=REIM RATE 27937.50=REPORTED 0.00=DRG AMOUNT 0.00=MSP PRIM PAYER 0.00=NCVD/DENIED 0.00=DRG/OPER/CAP 0.00=PROF COMPONENT 0.00=CLAIM ADJS. 24142.83=LINE ADJ-AMT 6.50=ESRD AMOUNT 4415.79=COVERED 0.00=OUTLIER 6.00=PROC CD AMOUNT DAYS/VISITS: 0.00=CAP OUTLIER 3029.24=ALLOW/REIM 0=COST REPT 0.00=CASH DEDUCT 0.00=G/R AMOUNT 0.00=BLOOD DEDUCT 0.00=INTEREST 0=COVD/UTIL 0=NON-COVERED 758.93=COINSURANCE 0.00=CONTRACT ADJ

0=COVD VISITS 0.00=PAT REFUND 1.00=PER DIEM AMT
0=NCOV VISITS 0.00=MSP LIAB MET 3029.24=NET REIM AMT
REMARK CODES: MA01

REV	DATE	HCPCS	APC/HIPPS MODS	QTY (CHARGES	ALLOW/REIM	GC	RSN	AMOUNT REMARK CODES
0270	01/02	A4657		12	627.12	4.80	CO	42	621.12
							PR	2	1.20
0635	01/02	Q4055		12	13461.48	974.44	CO	45	12243.43
							PR	2	243.61
0821	01/02	90999		13	13848.90	2050.00	CO	118	6.50
								45	11278.28
							PR	2	514.12

Using this example of a Medicare EOMB, the following pages will guide you step-by-step through the process to file your crossover claim through the Medicaid billing Web site at www.emomed.com to collect the deductible/coinsurance amount.





lf you ar	e not	Media , please logout	care UB92	Part B Cross	over	Logout
User:			Р	rovider: 5000	000000 SAMPLE NUMBI	ER 🔻
Claim F	requency Type	Code*		Provider Me	dicare Number*	
Patient Shriek		me, First Name)*		Patient Med	licaid ID*	
Patient 400000	Medicare ID (H	IC)*		Patient Acc	ount No.	
Resubr	mission Ref. No.			Type of Bill* 72-Clinic, F	Renal Dilaiysis	-
Diagno:	sis Codes* (Do 2. 2809	not include the decima	l) 5.	Attending P	hysician ID*	
Sur	gery Procedure	Code Date (mm /	n/dd/yy) /	Surgery [Procedure Code [Date (mm/dd/yy) / / / / / / / /
Line No.	Revenue Code Days/Units	From Date (mm/dd/y		Billed Charges \$*	Procedure Code*	Detail Line Attachments
1.	Billed*	/ / /	0.	Amount \$*	INIOUMEIS	- [Other Payers]
				1		DD DETAIL LINES
		C [Add Header C		4		
			[Home	e] [Help]		

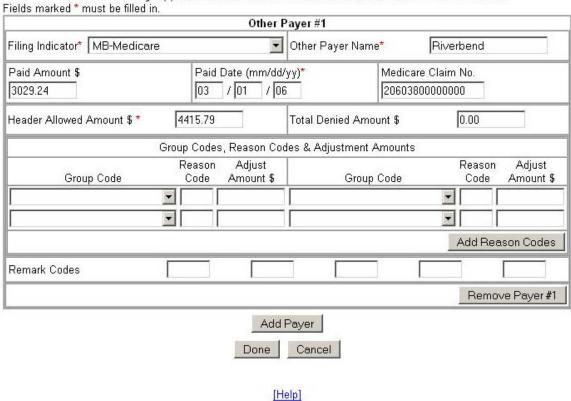
- the Medicaid billing Web site, click on "Medicare UB92 Part B of A Crossover". This brings you to the screen above.
- ➤ Enter all the Medicaid header information. Refer to the Medicare EOMB on the previous page as well as the patient's medical record. Complete the fields as shown above. Then click on the "Add Header Other Payers" link at the bottom of the page to enter the header other payer information.





Other Payer Header Information

Enter Other Payer(s) Header Information for Medicare UB92 Part B Crossover claim.



- Now you are on the "Other Payer Header" screen.
- Enter the information as shown. For Part B and Part B of A crossover claims, do not complete the Group Codes, Reason Codes and Adjustment Amounts information. You will enter this information elsewhere.
- Click on "Done".





f γου ai	re not	Medicare (, please logout	UB92 Part B	Crossover		Logout
Jser:			Provider:	500000000 SAMPL	E NUMBE	
Claim I	Frequency Type	Code*	Provi	der Medicare Number	*	
1-Orig	ginal 🔽		26xx	×		
Patient Shriek		me, First Name)*		nt Medicaid ID* 19999		
Patient	t Medicare ID (H	IC)*	Patie	nt Account No.		
Resubi	mission Ref. No.		Түре	of Bill*		
			72-0	Clinic, Renal Dilaiysis		•
Diagno 1. 585	sis Codes* (Do 2. 2809	not include the decimal) 3. 28521 4. 5.		ding Physician ID* 00000		
	rgery Procedure	Code Date (mm/dd/y		urgery Procedure Cod		ate (mm/dd/yy) /
Line	Revenue Code	From Date (mm/dd/yy)*	Billed Charges	Procedure \$*	Code*	Detail Line
No.	Days/Units Billed*	Thru Date (mm/dd/yy)*	Paid Amount	Modifi	ers	Attachments
1.	0270 12	01 / 02 / 06 01 / 02 / 06	627.12 4.80	A465		Other Payers
					AD	D DETAIL LINES
		Claim A Add Header Other	Attachment A Payers] [Vie			
		Conti	nue F	Reset		
		TI	Home] [Help	1		

- > You are now back to the original screen ready to add your detail information to the claim.
- ➤ Again using the Medicare EOMB example from the first page, enter the detail information shown above for line one. If you did not report a procedure code to Medicare, enter "00000" in the Procedure Code field.
- When done entering the information, click on "Other Payers" to add the Medicare detail information.





Other Payer Detail Information

Enter Other Payer(s) Detail Information for Medicare UB92 Part B Crossover claim.

rields marked " must be illied in.		Claim De	tail Line #1		
		Other	Payer#1		
Paid Date (mm/dd/yy)* 03	/ 01	/ 06			
	Group Cod	es, Reason Co	des & Adjustment Amounts		
Group Code	Reasoi Code		Group Code	Reason Code	Adjust Amount \$
CO-Contractual Obligation	▼ 042	621.12	PR-Patient Responsibility	▼ 002	1.20
	•				
				Add Res	son Codes
				Remo	ve Payer#1
		Add	Payer		
		Done	Cancel		
		TH.	lelp]		

- Now you are on the "Other Payer Detail" Screen. Scroll to the bottom of the form and click on the "Help" button, print off and save the instructions.
- ➤ Scroll back to the top, complete the Medicare paid date information as well as the Group and Reason Codes and Adjustment Amounts. See above sample. If the reason codes are not listed on your Medicare EOMB, choose the most appropriate code from the list of "Claim Adjustment Reason Codes" from the HIPAA Related Code List. For example, the code on the "Claim Adjustment Reason Code" list for deductible amount is 1 and for coinsurance amount is 2. Therefore, you would enter a Reason Code of 001 for deductible amounts and 002 for coinsurance amounts due.
- > The "Adjust Amount" should reflect any amount not paid by Medicare including deductible, coinsurance and any non-allowed amounts.
- Click on "Done".





Other Payer Detail Information

Enter Other Payer(s) Detail Information for Medicare UB92 Part B Crossover claim. Fields marked * must be filled in.

		Claim De	tail Line #2		
		Other	Payer #1		
Paid Date (mm/dd/yy)* 03	/ 01	/ 06			
	Group Code	es, Reason Co	des & Adjustment Amounts		
Group Code	Reasor Code	n Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO-Contractual Obligation	▼ 045	12243.43	PR-Patient Responsibility	002 2	43.61
	•				
				Add Reas	son Codes
				Remov	e Payer#1
		Add	Payer	**	
		Done	Cancel		

[Help]

- > Enter a claim detail line and "Other Payer Detail" for each line from your Medicare
- > This is a sample detail entry for line 2 showing both contractual and patient responsibility codes and amounts.
- > After all claim detail lines have been entered, click "Done".





Other Payer Detail Information

Enter Other Payer(s) Detail Information for Medicare UB92 Part B Crossover claim. Fields marked * must be filled in.

10,00 11,011,00 11,00 10,00 11,00 11,10		Claim De	tail Line #3	
		Other	Payer #1	
Paid Date (mm/dd/yy)* 03	/ 01	/ 06		
(Group Cod	es, Reason Co	des & Adjustment Amounts	
Group Code	Reaso Code		Group Code	Reason Adjust Code Amount \$
CO-Contractual Obligation	118	6.50	CO-Contractual Obligation	▼ 045 11278.28
PR-Patient Responsibility	002	514.12		
				Add Reason Codes
				Remove Payer #1
		Add	Payer	
		Done	Cancel	

[Help]

- > Enter a claim detail line and "Other Payer Detail" for each line from your Medicare EOMB.
- > This is a sample detail entry for line 3 showing both contractual and patient responsibility codes and amounts.
- > After all claim detail lines have been entered, click "Done".





lf you a	re not	Medicare , please logout	UB92 Pai	t B Cross	sover	Logout
User:			Provid		0000000 SAMPLE NUM	IBER
Claim	Frequency Type	Code*	Р	rovider M	edicare Number*	
1-Orig	ginal 🔽		[2	.6xxx		
Patien	t Name (Last Na	ame, First Name)*	P	atient Me	dicaid ID*	
Shriek	<	Will	[9	19999999	C) (10 PM AGAIN CO)	
-	t Medicare ID (H	IIC)*	P	atient Ac	count No.	
40000	10000T		J.			
Resub	mission Ref. No.			ype of Bill		
<u> </u>			Li	72-Clinic, I	Renal Dilaiysis	
Diagno		not include the decimal) 3,28521 4, 5.	100	ttending F :00000000	Physician ID*	
Line	Revenue Code			ed es \$*	Procedure Code*	Detail Line
No.	Days/Units Billed*	Thru Date (mm/dd/yy)*	Pa	iid	Modifiers	Attachments
1.	0270 12	01 / 02 / 06	627.12 4.80		A4657	[Other Payers]
2.	0635	01 / 02 / 06	13461. 974.44		Q4055	[Other_Payers]
3.	0821	01 / 02 / 06	13848. 2050.0		90999	(Other_Payers)
					ADD	DETAIL LINES
		[Add Header Other	Attachmei Payers] [Other Payers]	
		<u> </u>	[Home] [h	.2	_	

- When you click "Done" on the last line detail entry screen, you will be brought back to the original screen which should show the basic information for each detail line.
- > Since you are now done entering the header and detail information, click on "Continue".
- > This brings you to a screen asking you to verify the information entered.

(continued on the next page)

- > You can either edit the information or submit. Click on 'Submit'.
- After submitting your claim, you will be brought to a screen which states, "Thank you. Your claim has been received". Click on the "Print" button at the bottom of the screen to print off this page and save for your records.
 To enter another claim, click on "Next".

THE END